

**IN THE MUNICIPAL COURT IN AND FOR THE CITY OF GULFPORT  
FIRST JUDICIAL DISTRICT, HARRISON COUNTY, MISSISSIPPI**

**PETITION FOR APPOINTMENT OF ATTORNEY**

I the undersigned state that because of poverty and having been charged for the alleged commission of a crime, I am unable to pay for an attorney to represent me in this case. Because I do not have sufficient funds to employ an attorney, I request that the Court appoint an attorney for the purpose of representing me in connection with the charge(s) of: \_\_\_\_\_,

**Complete Sections 1&2 - If you receive aid from any of the programs listed please complete in detail. Please use TAB key when completing form electronically.**

**Docket#** \_\_\_\_\_

**Case #** \_\_\_\_\_

**\*SECTION 1\***

1. Name (First, Middle, Last): \_\_\_\_\_ Phone: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Age: \_\_\_\_\_ 4. Date of Birth (MM/DD/YY): \_\_\_\_\_ 5. SSN: \_\_\_\_\_
6. Number of years in Harrison County, Mississippi: \_\_\_\_\_
7. Educational Background: ☐ Less than High School ☐ High School ☐ College
8. ☐ I am employed at: \_\_\_\_\_ ☐ I am not currently employed.  
I earn \$ \_\_\_\_\_ Gross ☐ Weekly. ☐ Every 2 weeks. ☐ Twice monthly. ☐ Monthly.  
My take home pay is \$ \_\_\_\_\_

- ☐ I currently receive the following: ☐ I currently **do not** receive any type of assistance/income.

☐ Supplemental Security Income \$ \_\_\_\_\_ ☐ Food Stamps \$ \_\_\_\_\_ ☐ TANF \$ \_\_\_\_\_

☐ Disability \$ \_\_\_\_\_ ☐ Relief funded under Federal/Public \$ \_\_\_\_\_ ☐ Section 8 Housing \$ \_\_\_\_\_

☐ Unemployment \$ \_\_\_\_\_ ☐ Medical assistance \$ \_\_\_\_\_ ☐ Alimony \$ \_\_\_\_\_

☐ Child Support \$ \_\_\_\_\_ ☐ Family Assistance (Parents) \$ \_\_\_\_\_ ☐ Student Loan/Grant \$ \_\_\_\_\_

☐ Statement and proof of indigency

This is my ☐ first, ☐ second, ☐ third request for a Court Appointed Attorney.  
My financial situation ☐ has changed ☐ has not changed since my first request.

**COURT ORDER AND FINDINGS**

☐ A. Your petition has been **GRANTED** because the court finds this person to be indigent. Counsel will be appointed at the court expense. The person **may be required** to reimburse the court for such representation.

\_\_\_\_\_, has been assigned as the attorney to represent the above listed petitioner.  
Attorney's Name

☐ B. Your petition has been **DENIED** because the court finds:  
☐ the person is not indigent. ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Municipal Court Judge

SO ORDERED AND ADJUDGED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**\*SECTION 2\***

9. Marital Status: I am currently ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Spouse's name, if any \_\_\_\_\_ Spouse's take-home pay: \$ \_\_\_\_\_

My household consists of myself and \_\_\_\_\_ others:

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18 ☐ Yes ☐ No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18 ☐ Yes ☐ No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18 ☐ Yes ☐ No

Full name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_ Under age 18 ☐ Yes ☐ No

10. ASSETS: I have the following cash assets: ☐ Savings account \$ \_\_\_\_\_ ☐ Checking account \$ \_\_\_\_\_

☐ Cash \$ \_\_\_\_\_ ☐ Money owed to me \$ \_\_\_\_\_

11. I have the following remaining assets and **own** these items:

☐ Automobile (Value) \$ \_\_\_\_\_ ☐ Home (Value) \$ \_\_\_\_\_ ☐ Real Estate \$ \_\_\_\_\_

12. The other members of my household have a gross monthly income totaling the amount of \$ \_\_\_\_\_ from:

☐ Wages ☐ Social Security ☐ Food Stamps ☐ Public Assistance ☐ Loans/Grants

**LIABILITIES: I owe the following debts: Amount:**

**Monthly Payment:**

1) Mortgage/Rent \$ \_\_\_\_\_ \$ \_\_\_\_\_

2) Auto Loan \$ \_\_\_\_\_ \$ \_\_\_\_\_

3) Credit Card(s) \$ \_\_\_\_\_ \$ \_\_\_\_\_

4) Medical Expenses \$ \_\_\_\_\_ \$ \_\_\_\_\_

5) Utilities \$ \_\_\_\_\_ \$ \_\_\_\_\_

6) Cellular Phone \$ \_\_\_\_\_ \$ \_\_\_\_\_

7) Other \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

STATE OF MISSISSIPPI  
COUNTY OF HARRISON

I, \_\_\_\_\_, after first being duly sworn, state upon my oath (or affirmation) that the matters, facts and information contained in the above Petition for Appointment of Attorney are true and correct to the best of my belief, information and knowledge. **I understand that by providing false information in this affidavit that I may be subject to criminal charges.**

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Petitioner's Signature

SWORN TO SUBSCRIBED before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DEPUTY COURT CLERK